

Memorial Donation Form

Please print this form out to send your gift by mail to:

BASScare, PO Box 304, Canterbury, Victoria, 3126, Australia

Or fax to **(03) 8809 0088**

Or phone **(03) 8809 0004** during office hours to donate by credit card

My details are:

(A tax receipt for your donation will be sent to this address)

Title Mr Mrs Miss Ms Dr (please circle)

First Name (please print) _____ Last Name _____

Address _____

Suburb/Town _____ State _____ Postcode _____

Phone (BH) _____ (AH) _____ (Mobile) _____

Email _____

My donation is made in memory of:

I would like to donate:

\$35 \$50 \$75 \$100 \$250 \$ _____ (Your choice)

Donations of \$2 or more are tax deductible.

Payment details

Credit Card type:

Visa Mastercard Bankcard American Express

Credit Card number:

Expiry Date: ____ / ____

Name on card _____ Signature _____

Or please find enclosed a Cheque Money Order (made payable to BASScare)

Please send a letter acknowledging my donation to:

Title Mr Mrs Miss Ms Dr (please circle)

First Name (please print) _____ Last Name _____

Address _____

Suburb/Town _____ State _____ Postcode _____

Thank you for your support

I do not wish to receive further communications from BASScare